

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

SERIAL NO. 10/5202,607  
FILING DATE  
APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2		1						52					
3		2						53					
4	1							54					
5	1							55					
6	1							56					
7	1							57					
8	1							58					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL INC.	1	↓		↓		↓		TOTAL INC.	↓		↓		↓
TOTAL DEP.	15	←		←		←		TOTAL DEP.	←		←		←
TOTAL CLAS/CS	16	████████	████████	████████	████████	████████		TOTAL CLAS/CS	████████	████████	████████	████████	